

**PESTICIDE BROKER LICENSE APPLICATION (PB)**

PML-217 (EST. 07/01)

1001 I STREET

SACRAMENTO, CALIFORNIA 95814-2828

(916) 445-4038

FAX - (916) 445-4033

Web site: <http://www.cdpr.ca.gov/>**A. Application Type.** Indicate the type of application by checking the appropriate box(es) below.

<input type="checkbox"/> NEW APPLICATION	<input type="checkbox"/> NAME CHANGE	<input type="checkbox"/> OTHER (Specify) _____
<input type="checkbox"/> ADDING BRANCH LOCATION	<input type="checkbox"/> ADDRESS CHANGE	PB LICENSE # _____

**B. Business Information.** Please print or type

1) Indicate the business type by checking the appropriate box below (check only one box).

<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> NON-PROFIT ASSOCIATION
--------------------------------------	--------------------------------------	-------------------------------------	---

BUSINESS NAME		EMAIL ADDRESS	TELEPHONE NUMBER (      )	
BUSINESS MAILING ADDRESS (Number and Street or P.O. Box Number)		(City)	(County)	(State) (ZIP Code)
BUSINESS LOCATION ADDRESS (Number and Street)		(City)	(County)	(State) (ZIP Code)

2) Is your business a corporation?

<input type="checkbox"/> YES (A current copy of the "Certificate of Good Standing" must be submitted with the application.)	<input type="checkbox"/> NO
---	-----------------------------

3) Is your business name different than your surname (i.e., last name)?

<input type="checkbox"/> YES (A "Fictitious Business Name Statement" must be submitted with the application.)	<input type="checkbox"/> NO
---	-----------------------------

4) Is your business a partnership?

<input type="checkbox"/> YES (A "Fictitious Business Name Statement" must be submitted with the application.)	<input type="checkbox"/> NO
---	-----------------------------

**C. Former Business Name.** Enter former business name below.

FORMER BUSINESS NAME

**D. Business Officers or Owners.** Attach additional sheet if necessary.

1) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City) (State) (ZIP Code)
2) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City) (State) (ZIP Code)
3) NAME	TITLE
MAILING ADDRESS (Number and Street or P.O. Box Number)	(City) (State) (ZIP Code)

**E. Pesticide Broker Business Type**

1 ) Indicate the type of pesticides your business will be selling by checking the appropriate box(es) below.

<input type="checkbox"/> Agricultural Use Pesticides	<input type="checkbox"/> Tributyltin
<input type="checkbox"/> Non-agricultural Use Pesticides	<input type="checkbox"/> Livestock/Poultry Pesticides
<input type="checkbox"/> Restricted Use Pesticides (Either California or Federal)	<input type="checkbox"/> Biological Control Agents
<input type="checkbox"/> Other _____	

Application Continued on the Reverse Side

**F. Branch Locations.** Attach additional sheet if necessary.

1) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
2) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
3) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
4) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)
5) LOCATION ADDRESS (Number and Street or P.O. Box Number)	(City)	(County)	(State)	(ZIP Code)

**G. Application Fee (Fees are non-refundable).** See instruction sheet.

1) <input type="checkbox"/> Main Location	<input type="checkbox"/> \$100.00 (One year fee)	or	<input type="checkbox"/> \$200.00 (Two year fee)
2) <input type="checkbox"/> Branch Location	<input type="checkbox"/> \$50.00 (One year fee)	or	<input type="checkbox"/> \$100.00 (Two year fee)
3) Total Fee(s) Enclosed	<div>\$ .00</div>	Mail your Completed Application and Fees to the: Cashier, Department of Pesticide Regulation P.O. Box 4015, Sacramento, California 95812-4015. Include your check or money order with your application, payable to the Cashier, Department of Pesticide Regulation. No coin or currency will be accepted.	

**H. Read Before Signing.** During the last three years, have you had any administrative, civil, or criminal action taken against you for violation of any State or federal laws or regulations relating to the sale of pesticides that resulted in disciplinary actions or in which disciplinary action is pending?

☐ YES (State explanation below)

☐ NO

**I. I declare under penalty of perjury, under laws of the State of California, that the above information is true and correct.**

APPLICANT SIGNATURE	DATE SIGNED
FOR OFFICIAL USE ONLY	BUSINESS LICENSE NUMBER ISSUED
	COMPUTER ENTRY DATE